

# STARS Billing Steps and Top Denial Reasons for STARS

Listed below for reference are steps for billing claims to STARS and also a list of the top denial reasons for STARS claims. This document is to provide a reference for STARS questions you may have as well as some helpful tips on any billing errors you have.

## Billing Steps for STARS Claims

1) Gather all client demographic, admission, diagnostic and income eligibility information data to be input into STARS. All demographic information must be entered into STARS as outlined in the STARS manual prior to billing.

- <http://www.state.sd.us/dhs/dmh/forms.htm> (link for DMH STARS Manual, refer to page 19 for how to enter demographic information.)
- <http://www.state.sd.us/dhs/ADA/publicat.htm> (link for ADA STARS Manual, refer to page 21 for how to enter demographic information)

2) After services are provided and all demographic information is in STARS a standard ANSI 837 Professional transaction can be created by the agency if they bill DHS directly or by the agencies clearinghouse with the criteria outlined in the DHS companion guide. DHS' companion guide can be found at <http://www.state.sd.us/dhs/hipaa/hipaa.htm>.

3) Claims then may be billed to DHS either directly from the agency or the agencies clearinghouse to DHS. Sections 8 on the following link give instructions on how to electronically submit claims to DHS or DSS for reimbursement. The link gives instructions on DP96X12, which is the application used to send data to both DSS and DHS. If you have questions/problems with DP96X12 please call the state's help desk at (605) 773-4357.

- <http://dss.sd.gov/medicalservices/docs/DSSCompanionGuide.pdf>

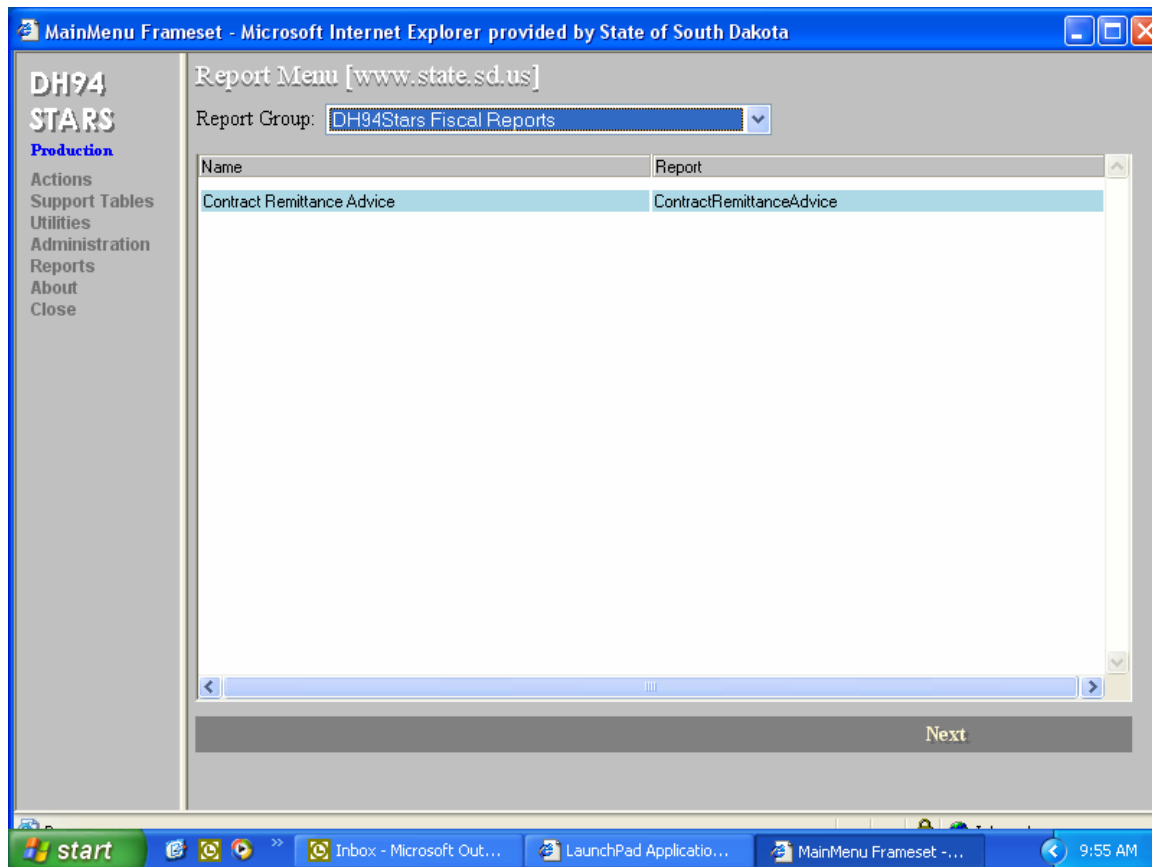
The deadline for claims to be billed to STARS is each Tuesday at 5:00. If claims are received after the deadline, they will be processed the following week, unless otherwise notified.

4) DHS will then process your claims for reimbursement or denial. Please allow 10 to 14 days for reimbursement of services. You will however be able to review your remittance advice by Wednesday at 5:00. Listed below are instructions on how to obtain your remittance:

Go to the Reports option.

In the drop down box select "DH94 STARS Fiscal Reports".

Double Click on the "contract remittance" line.



*Note: In the “check number” column if it says “none” that means no claims paid.  
The “AP Pay Date” is the date the payment was processed in STARS. The actual ACH payment to you should be received 10-14 days following that date depending upon holidays and final approval from the State Auditor for payment.*

Select your agency

DH94ReportParms\_Remit - Microsoft Internet Explorer provided by State of South Dakota

Select a Provider

Providers: Human Service Agency

Date	Doc #	Contract #	Check #	APPayDate
05/07/12	06SC194043050712	4194-607-043 06	NONE06SC194043050712	7/12/2005
05/07/12	06SC194051050712	4194-607-042 06		
05/07/12	06SC199006050712	4199-607-006 06		

OK Cancel

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To view your remittance double click on the contract number and adjudication date or the remittance you would like to view.

Following is a sample remittance advice. This particular sample shows Page 8 which includes the total amount of all paid claims. Following the paid claims, you'll see the list of denied claims and denial reasons. (Note that the remittance includes consumer name, however for confidentiality purposes names have been left off the example).

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Preview

6/13/2005 - 6/13/2005	CPT: H0007	Units: 6	Charged: \$64.50	COB: \$0.00	Paid: \$64.50	Adj Rs
<b>Service Ref #: 050712C000000459 Unique ID: 944612091975MXX Med Rec #: Date:</b>						
6/1/2005 - 6/1/2005	CPT: H0005	Units: 8	Charged: \$30.00	COB: \$0.00	Paid: \$30.00	Adj Rs
<b>Service Ref #: 050712C000000460 Unique ID: 944612091975MXX Med Rec #: Date:</b>						
6/8/2005 - 6/29/2005	CPT: H0005	Units: 24	Charged: \$90.00	COB: \$0.00	Paid: \$90.00	Adj Rs
<b>Service Ref #: 050712C000000194 Unique ID: 973208171987MVA Med Rec #: Date:</b>						
6/14/2005 - 6/14/2005	CPT: H0005	Units: 4	Charged: \$15.00	COB: \$0.00	Paid: \$15.00	Adj Rs
<b>Service Ref #: 050712C000000001 Unique ID: 974503111938MFL Med Rec #: Date:</b>						
6/9/2005 - 6/30/2005	CPT: H0005 TN	Units: 12	Charged: \$54.00	COB: \$0.00	Paid: \$54.00	Adj Rs
<b>Service Ref #: 050712C000000192 Unique ID: 974807201971MSU Med Rec #: Date:</b>						
6/2/2005 - 6/2/2005	CPT: H0015	Units: 8	Charged: \$30.00	COB: \$0.00	Paid: \$30.00	Adj Rs
<b>Service Ref #: 050712C000000055 Unique ID: 985001261979MEL Med Rec #: Date:</b>						
6/22/2005 - 6/22/2005	CPT: H0007	Units: 8	Charged: \$86.00	COB: \$0.00	Paid: \$86.00	Adj Rs
<b>Service Ref #: 050712C000000103 Unique ID: 990901311976MRU Med Rec #: Date:</b>						
6/28/2005 - 6/28/2005	CPT: H0007	Units: 6	Charged: \$64.50	COB: \$0.00	Paid: \$64.50	Adj Rs
<b>Total:</b>					<b>\$11,604.25</b>	

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Listed below are examples of denied STARS claims which can be found at the end of your remittance. Before payment can be made your will need to review the deny reason and fix the error before you submit the claim again. For tips on denied claims please refer to the Top denial reasons attached to this document.

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Preview Refresh

**THE FOLLOWING CLAIMS ARE DENIED:**

UniqueID	MedRecNo	From	To	CPT/Modifier	# of Units	Chrgd.Amt	Deny Reason
002801301964FMA		06/09/2005	06/09/2005	H0007	6	\$64.50	Valid Admission record
020111201974MFA		06/14/2005	06/28/2005	H0005	16	\$60.00	Valid Admission record
100602131969MEL		06/02/2005	06/02/2005	H0015 HF	8	\$30.00	Valid Admission record
100602131969MEL		06/01/2005	06/06/2005	H0015 HF	24	\$90.00	Valid Admission record
102801261951MIR		06/07/2005	06/14/2005	H0005	8	\$30.00	Valid Admission record
105204201971FNA		06/08/2005	06/29/2005	H0005	24	\$90.00	Valid Admission record
126107031972MGXX		06/09/2005	06/29/2005	H0005	12	\$45.00	Valid Admission record
158105061972FCH		06/02/2005	06/02/2005	H0005 TN	5	\$22.50	Client not found or not i
159908211980FXX		06/14/2005	06/28/2005	H0005	12	\$45.00	Valid Admission record
168002181977MKA		06/30/2005	06/30/2005	H0007	6	\$64.50	Valid Admission record
176712161974MLO		06/02/2005	06/02/2005	H0015	8	\$30.00	Valid Admission record
176712161974MLO		06/07/2005	06/07/2005	H0004	1	\$10.75	Valid Admission record
176712161974MLO		06/01/2005	06/14/2005	H0015	19	\$71.25	Valid Admission record
181208051964MPA		06/01/2005	06/22/2005	H0005	18	\$67.50	Valid Admission record
184101221986FAV		06/23/2005	06/23/2005	H0015	8	\$30.00	Client not found or not i
184101221986FAV		06/23/2005	06/29/2005	H0015	14	\$52.50	Client not found or not i
192402021986FTU		06/28/2005	06/29/2005	H0014	2	\$99.50	Valid Admission record
192402021986FTU		06/30/2005	06/30/2005	H0015	11	\$41.25	Valid Admission record

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Listed below is an example of partial payment on a claim. For payment to the lines that were not paid you will need to do a replacement claim once the adjustment reason code has been fixed.

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Units	Charged	COB	Paid	Adj Rsn Codes	Med Rec #	Date Paid	Chk/ACH #
37004131975FRU	Units: 40	Charged: \$150.00	COB: \$0.00	Paid: \$150.00			
71202211984MSU	Units: 80	Charged: \$300.00	COB: \$0.00	Paid: \$300.00			
71202211984MSU	Units: 12	Charged: \$45.00	COB: \$0.00	Paid: \$45.00			
72306021959MSU	Units: 2	Charged: \$25.50	COB: \$0.00	Paid: \$25.50			
79309171975MJO	Units: 0	Charged: \$204.25	COB: \$0.00	Paid: \$0.00			
	Units: 6	Charged: \$64.50	COB: \$0.00	Paid: \$64.50			
	Units: 92	Charged: \$345.00	COB: \$0.00	Paid: \$345.00			
02801261951MIR	Units: 4	Charged: \$15.00	COB: \$0.00	Paid: \$15.00			
38501191977MLI	Units: 0	Charged: \$86.00	COB: \$0.00	Paid: \$0.00			
	Units: 1	Charged: \$10.75	COB: \$0.00	Paid: \$10.75			
38912101948MTH	Units: 1	Charged: \$12.75	COB: \$0.00	Paid: \$12.75			

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If you have any questions regarding your remittance advice or payment contact:

Chemical Dependency Claims: Jackie Shepherd at (605) 773-5990 or via email at [Jackie.Shepherd@state.sd.us](mailto:Jackie.Shepherd@state.sd.us)

Mental Health Claims: Mary Richards at (605) 773-5990 or via email at [Mary.Richards@state.sd.us](mailto:Mary.Richards@state.sd.us)

5) Reimbursement is made to agency. Once payment is made the Check/ACH number and paid date will appear on the Remittance.

6) Submit any voids/replacements as needed as outlined on page 10 and 11 in the 2300 loop of the DHS companion guide (<http://www.state.sd.us/dhs/hipaa/hipaa.htm>). Voids and replacements must also be submitted using a standard ANSI 837 Professional transaction. You can submit a replacement or void on services that are approved originals. If the claim was denied then a new original needs to be submitted. Reasons for submitting voids/replacements are but not limited to:

- Any claim that was billed to DHS and paid in error. For example, a claim was billed to DHS and was paid, and it was later found that the consumer was Medicaid eligible. The paid claim to DHS would be void then billed to DSS.
- A claim was paid by DHS and the incorrect units were billed. A replacement claim would be billed to DHS with the correct units.
- A service was billed using the incorrect consumer and unique ID. This instance the incorrect unique ID would be void and a new original would be billed.
- A claim was paid by DHS with 5 lines of service on the claim. It was later discovered that the a line was paid in error. You may submit a replacement with the 4 correct lines and not billing for the 5<sup>th</sup> incorrect line.

*\*Replacements and voids must have the original reference number on the claim. If you have done a replacement to an original paid claim, and would like to do another replacement you must use the replacement reference number.*

7) Report any non-contract units to the division through STARS. Non-contract unit reporting can be found on page 64 of the MH STARS manual and on page 98 of the ADA STARS manual.

## **Top Denial Reasons for Contract (STARS) Claims**

1) Client not found or not identified as contract eligible.

- Ensure that all demographic information is entered into STARS prior to billing. If it is entered into STARS after being billed, claims will deny. Do not assume because the name was found in STARS that the correct unique ID was billed
- Check to be sure that the unique ID that was billed is the same as the unique ID in STARS. (i.e a number didn't get transposed on the claim)
- On the client info screen check that the source of payment is contract or Title XIX.

2) Valid admission record not found.

- An admission record must be completed prior to billing for services in STARS (Admission date must be prior to or equal to service date, and the service date must be before or equal to the discharge date if there is one). Alcohol and drug Services that do not need an admission record are:
  1. Treatment Needs Assessment (H0001)
  2. Gambling Assessment (H0001 HV)
  3. Direct Client Support (H0007)

- 3) Valid income record not found.
  - An income record must be completed for most Alcohol and Drug and Mental Health services before they can be billed to STARS (Income eligibility must prior to or equal to service date). Exceptions include:
    1. Detox (H0014) for Alcohol and Drug
    2. Anybody who receives services in Mental Health where Evaluation Status/Unknown is checked on the MH DSM Diagnosis Screen and the service date is less then or equal to 60 days from the admission date.
    3. Room and board (H0046)
    4. IFS Individual Regular and Frontier (H2021 HS TL & H2021 HS TL TN)
- 4) Valid diagnosis record not found
  - A diagnosis record must be completed prior to billing for ALL Mental Health services (diagnosis date must be prior to or equal to services date).
- 5) Contracted Rate not found
  - Ensure that the correct billing code and if applicable modifier is billed to STARS.
- 6) Contract not found
  - Ensure that the correct contract number is billed to STARS. Check to be sure that a number was not transposed on the claim.
- 7) SPMI, SED and Transitional not eligible for this service.
  - Check that the appropriate Mental Health Status is selected on the MH DSM Diagnosis screen for the service being delivered and billed.
- 8) Service to date and service from date are different months.
  - Claims billed to STARS cannot cross months. For example, services can be billed from 1/1/05 through 1/31/05, but cannot be billed from 1/31/05 through 2/1/05.
- 9) Delay reason is required.
  - DHS is requiring services that have an end date over 90 days to be submitted with a delay reason.

*This edit check has been temporarily suspended.*
- 10) Duplicate Claim/Service
  - A claim will deny as duplicate if the service was billed twice for the same dates. An example is when a claim was billed with 5 service lines and lines 1 – 4 all paid, and line 5 was paid zero. If line 5 is billed again on a separate claim it will deny as duplicate because it was a service line on an already paid claim. To receive reimbursement for services on line 5 you will need to submit a replacement to the original paid claim.
- 11) Rate Adjusted to Contract Rate.
  - This occurs when the rate billed is different from service rate paid by DHS. STARS automatically adjusts the payment amount based on service code billed.



12) Client not income eligible or has no approved hardship

- Clients must meet income eligibility to be billed to STARS and the income eligibility screen must be filled out (contract only). On the Income Eligibility screen the Start Intake Date must be prior to or equal to service date. For contract services the income record needs to be updated annually.
- If a client is Means 101 ineligible a hardship must be sent to the appropriate division and approved to bill contract for services. Mental Health hardships should be sent to Caralynn Weiler and Alcohol and Drug Hardships should be sent to Barb Shoup-Anderson for children and Brian Kanz for adults.

13) Primary Drug Diagnosis needs to be updated

- The ADA admission primary drug diagnosis cannot be V71.09 and the cannot be 799.9 if 30 days past the admission date. The following codes are exempt from needing a primary drug diagnosis.
  1. Treatment Needs Assessment (H0001)
  2. Gambling Assessment (H0001 HV)
  3. Gambling – Local Home Based (H0004 HV)
  4. Gambling – Local Group (H0005 HV)
  5. Gambling – Intensive Outpatient (H0015 HV)
  6. Gambling – Intensive Residential (H0018 HV)
  7. Gambling – Day Treatment (H2012 HV)
  8. Direct Client Support (H0007)
- *For agencies who use clearinghouses, if the data on your remittance is different then the data you sent them for reimbursement (i.e. different modifier, different billing code, etc.) you will need to work with your clearinghouse to fix any problems you may have.*

Contact Information

For demographic, admission, diagnostic, and income eligibility please contact your Divisions HIPAA contact.

Mental Health – Jennifer Seale at 773-5991 or [Jennifer.Seale@state.sd.us](mailto:Jennifer.Seale@state.sd.us)  
Alcohol and Drug – Barb Shoup-Anderson at 773-3123 or  
[Barbara.ShoupAnderson@state.sd.us](mailto:Barbara.ShoupAnderson@state.sd.us)

For remittance and payment questions

Mental Health Claims – Mary Richards at 773-5990 or [Mary.Richards@state.sd.us](mailto:Mary.Richards@state.sd.us)

Alcohol and Drug Claims – Jackie Shepherd at 773-5990 or [Jackie.Shepherd@state.sd.us](mailto:Jackie.Shepherd@state.sd.us)

For general billing questions/concerns

Chris Ott at 773-5990 or [Chris.Ott@state.sd.us](mailto:Chris.Ott@state.sd.us)

For technical questions

Gary Goeden at 773-5990 or [Gary.Goeden@state.sd.us](mailto:Gary.Goeden@state.sd.us)